

Prostate Cancer

A Special Report by Dr Vernon Coleman

Vital Information All Men Should Know

Prostate cancer is almost certainly the commonest type of cancer to affect men - and it is now believed to affect one in three men over the age of 50. In America (where doctors test for it regularly) it is the most frequently occurring cancer. In the UK (where routine tests are far less common and where, therefore, the disease almost certainly lies undiscovered and unsuspected in many men), it is the third most common male cancer.

Half of all men who die (of anything) also have cancer of the prostate (though most of them don't know).

It is said that prostate cancer is a relatively slow growing cancer - and that because it frequently attacks older men they may die of something else before the prostate cancer kills them.

Half of all men who die in their 60s already have prostate cancer developing. And even 40% of men in their 50s who die from something else have prostate cancer that they probably didn't know about.

But this isn't the whole story. Prostate cancer can affect younger men, some types of prostate cancer are aggressive and grow quite quickly and quite a lot of men do die of prostate cancer. Prostate cancer is a very serious disease.

I have no doubt that it would be possible to cut total cancer rates by a massive amount if the information I have detailed here were made widely available.

Sadly, however, politicians and large parts of the mainstream media constantly succumb to pressure from commercial interests and so much of this evidence remains undiscussed in the media.

Prostate cancer and diet

There is a considerable amount of research available proving the existence of links between specific types of food and cancer. These links exist both for cancer in general and for prostate cancer in particular.

Way back in 1982 the National Research Council in the United States of America published a technical report entitled *Diet, Nutrition and Cancer* which showed that diet was probably the single most important factor in the development of cancer, and that there was evidence linking cancers of the breast, colon and prostate to particular foods or types of food.

But the evidence linking cancer and food goes back many years before 1982.

For example, since the mid 1970s there has been strong evidence to show a link between a high fat intake and prostate cancer. The National Academy of Sciences in the US reported some time ago that an American study had shown a correlation between a high fat intake and a high risk for prostate cancer.

Studies in 41 countries have shown a high correlation between mortality from prostate cancer and intake of fats, milk and meats (especially beef).

A ten year Japanese study involving 122,261 men aged 40 or older showed 'an inverse association between daily intake of green and yellow vegetables and mortality from prostate cancer'. (In other words the more green and yellow vegetables you eat the less likely you are to develop prostate cancer - and vice versa.) Another study showed that vegetarian men were less likely to develop prostate cancer.

Numerous studies have confirmed this type of link.

In 1993 a study of 47,855 men, reported in the Medical Research Modernization Committee Report revealed that men who had high fat diets had a relative risk of 1.79 for advanced prostate cancer compared to those on a low fat diet. (Meaning that men eating a high fat diet are almost twice as likely to develop prostate cancer as are men on a low fat diet.)

The investigators who produced this study found that 'most animal fats were associated with advanced prostate cancer, but fats from vegetables, dairy products (except butter) and fish were not.' The National Academy of Sciences reports that 'other reproductive organs for which there have been associations between dietary fat and cancer include the testes, corpus uteri, and ovary'.

The Japanese Experience

In a paper entitled *A Case-Control Study of Prostatic Cancer With Reference to Dietary Habits* which was published in the journal *The Prostate* in 1988 a team of authors from the Kyoto University, Kyoto University Hospital and Nagoya City University, all in Japan, and Erasmus University, Rotterdam in The Netherlands, reported that in 1950 the incidence of prostatic cancer in Japan had been about 0.4 per 100,000 male members of the population but by 1963 it had increased to 2.0 per 100,000 and by 1975 it had grown to 2.5 per 100,000.

Observers had suggested that this increase might be linked to the westernization of Japanese eating habits.

(During recent years the consumption of fat, animal protein, eggs, dairy products and oil have all increased considerably in Japan.)

And so these authors studied sufferers from prostatic cancer and patients suffering from benign prostatic hypertrophy (non cancerous prostate enlargement) in order to identify the risk factors for prostatic cancer.

These researchers found that a 'low daily intake of beta-carotene...were significantly correlated with prostatic cancer development.'

(Carrots and other orange and yellow-orange fruits and vegetables, and dark green, leafy vegetables are excellent sources of beta carotene.)

The Seventh Day Adventists

In an article entitled *Cohort Study of Diet, Lifestyle and Prostate Cancer in Adventist Men*, which was published in the journal *Cancer* in 1989, authors from the Department of Preventive Medicine, Loma Linda University School of

Medicine, Lorna Linda, California, US reported how they had evaluated the dietary and lifestyle characteristics of approximately 14,000 Seventh-Day Adventist men.

(Readers will have noticed that the trials I am quoting concern large numbers of individuals. By contrast it is not unusual for drug company trials designed to help market a new pharmaceutical product to involve a dozen patients (or animals) or less. Drug company trials are invariably accepted by government regulators. The trials I am describing - which involved many thousands of real life human beings - do not seem to impress government agencies. Readers with a cynical streak may find it difficult to fight back the feeling that there may be a link between the fact that drug company trials inevitably lead to profits (and taxes) whereas these trials - identifying specific types of food as carcinogenic - would cost large and powerful industries a great deal of money.)

The men completed a detailed lifestyle questionnaire in 1976 and were monitored for cancer incidence until the end of 1982.

The authors concluded that: 'increasing consumption of beans, lentils and peas, tomatoes, raisins, dates and other dried fruit were all associated with significantly decreased prostate cancer risk.'

The American Survey

In an article entitled *A Prospective Study of Dietary Fat and Risk of Prostate Cancer*, which was published in the *Journal of the National Cancer Institute* in 1993 authors from the Harvard Medical School and Brigham and Women's Hospital, Boston, Mass, US, Harvard School of Public Health, Boston, US and Mayo Medical School, Rochester, Minn., US pointed out that 'the strong correlation between national consumption of fat and national rate of mortality from prostate cancer has raised the hypothesis that dietary fat increases the risk of this malignancy.'

By studying information relating to 51,529 American men between the ages of 40 and 75, and sending follow up questionnaires to the men in 1988 and 1990, the authors examined the relationship of fat consumption to the incidence of advanced prostate

cancer and to the total incidence of prostate cancer and found that 'total fat consumption was directly related to risk of advanced prostate cancer' and that 'this association was due primarily to animal fat ...but not vegetable fat. Red meat represented the food group with the strongest positive association with advanced cancer.'

The authors concluded that: 'The results support the hypothesis that animal fat, especially fat from red meat, is associated with an elevated risk of advanced prostate cancer.'

They also noted that: 'These findings support recommendations to lower intake of meat to reduce the risk of prostate cancer.'

This research I would point out again, involved not three rabbits, not eight kittens, not a dozen puppies but 51,529 American men.

General Evidence

There is also a good deal of more general evidence available to demonstrate the link between prostate cancer and meat eating.

In an article entitled Risk of death from cancer and ischaemic heart disease in meat and non-meat eaters published in the *British Medical Journal* in 1994, authors from the London School of Hygiene and Tropical Medicine in the UK, the University of Otago, Dunedin, New Zealand and the University of Oxford, UK, investigated the health consequences of a vegetarian diet by examining the twelve year mortality of vegetarians and meat eaters.

The researchers reported that their results confirmed 'the findings of previous studies that have shown a reduction in all cause, cancer and cardiovascular mortality among people who do not eat meat.'

The researchers showed a 'roughly 40% reduction in mortality from cancer in vegetarians and fish eaters compared with meat eaters' and also added that 'the fact that total mortality was about 20% lower in the non-meat eating group than the meat eaters is perhaps of greatest clinical importance.'

National Institutes of Health, US

In 1988, in *The American Journal of Clinical Nutrition*, authors from the Division of Cancer Prevention and Control, National Cancer Institute, National Institutes of Health, Bethesda, MD, US reported that it had been estimated that 930,000 Americans would develop cancer in a single calendar year and that 472,000 individuals would subsequently die of their cancer.

It was reported that The National Cancer Institute (the NCI), which aims to reduce cancer incidence, morbidity and mortality, 'believes that the potential for dietary changes to reduce the risk of cancer is considerable and that the existing scientific data provide evidence that is sufficiently consistent to warrant prudent interim dietary guidelines that will promote good health and reduce the risk of some types of cancer.'

The NCI suggested reducing fat intake, increasing fibre intake, including a variety of fruits and vegetables in the daily diet, avoiding obesity, consuming alcoholic beverages in moderation if at all and minimising the consumption of salt cured, salt pickled and smoked foods.

The report stated that the NCI believed that if these guidelines were followed there would be a 50% reduction in cancer of the colon and rectum, a 25% reduction in breast cancer and a 15% reduction in cancers of the prostate, endometrium and gallbladder.

4,657 Adults in Hawaii

Back in 1981, the *British Journal of Cancer* published a scientific paper entitled Nutrient Intakes In Relation to Cancer Incidence in Hawaii and written by authors from the University of Hawaii, Honolulu, Hawaii, US.

For this study 4,657 adults from the five main ethnic groups in Hawaii (Caucasians, Japanese, Chinese, Hawaiians and Filipinos) were interviewed about their diets between the years 1977 and 1979.

The researchers reported that: 'significant positive associations were found for six of the cancer sites: breast cancer with fat (saturated, unsaturated, animal and total) and protein (animal); corpus-uteri cancer with the same components as breast cancer; prostate cancer with fat (saturated, animal) and protein (animal, total), stomach cancer with fat (fish only) and protein (fish only), lung cancer with cholesterol and laryngeal cancer with cholesterol. The researchers also found significant negative associations between breast and corpus-uteri cancers and carbohydrate intake. (A negative association means that the less of a specific food you eat the more likely you are to get that particular type of cancer.)

Convincing Evidence

Although the evidence showing that fat causes cancer is totally convincing (a United States Surgeon General has advised US citizens that 'a comparison of populations indicates that death rates for cancers of the breast, colon and prostate are directly proportional to estimated dietary fat intakes') there is still a considerable amount of doubt about the mechanism whereby fat causes cancer.

One theory is that carcinogenic chemicals simply dissolve and accumulate in fatty tissues. If this is the case then people who eat animal fats will suffer twice for the chances are high that the fat they are eating already contains dissolved carcinogens.

According to the journal *Australasian Health and Healing* more than 177 organochlorines (synthetic chemicals created when chlorine gas is bonded to carbon-rich organic matter) have been found in the tissues of the general population of the United States and Canada. Organochlorines can cause infertility, birth defects, miscarriages, immune system suppression, metabolic dysfunction, behavioural disorders, hormonal abnormalities and cancer.

These chlorine based compounds can cause cancer in various ways. Some cause cancer directly. Others produce cancers by interfering with or mimicking human hormones. A third group suppress the immune system and then enhance the carcinogenic effect of other chemicals. These chemicals seem to strike first at the reproductive system - which is probably why a heavy fat consumption increases the risk of developing cancers of the breast, prostate, and uterus.

Another possibility is that fat may encourage the development of cancer by affecting the activity of sex hormones. Vegetarian and low fat diets reduce the levels of circulating female sex hormones such as oestradiol. Sex hormones are known to help promote the development of breast cancer and cancer of the reproductive organs (such as uterus and ovary in women and the prostate in men).

Despite the lack of clear evidence about exactly how fat causes cancer the final message is quite clear - to reduce your cancer risk you should make a real effort to cut back your fat intake - and that includes cutting out vegetable fats too.

You should not make the mistake of assuming that you can avoid or cut down your fat intake noticeably by living on a diet of chicken and fish. Although it is widely believed that both fish and chicken are low in fat the truth is that even skinless white meat from a chicken is 23% fat while most fish contain between 20% to 30% fat and some are much higher - mackerel, for example, contains over 50% fat.

The only truly low fat diet is a diet which is mainly composed of vegetables, fruits, and whole grain cereals. Rice contains only about 1% fat and no plant foods contain any cholesterol (although frying potatoes and turning them into chips can add a lot of fat!)

If you ignore this message then you are making a clear and conscious choice to accept a high cancer risk as the price for your high fat diet.

Vitamin A and Zinc

Researchers have found that people who eat a diet which is low in vitamin A tend to be more likely to suffer from cancers of the lung, larynx, bladder, oesophagus, stomach, colon, rectum and prostate.

Zinc is also believed to have some beneficial effects on cancer risk. I know of three scientific papers which have shown that there may be a link between a low zinc intake and prostate cancer. One paper showed that zinc serum levels in prostatic cancer are low when compared to patients who have benign prostatic hypertrophy. A second paper showed that prostatic tissue levels of zinc are low in prostatic cancer compared to normal men. And a third paper showed that prostatic tissue levels of zinc are low in prostatic cancer compared to patients with prostatic hyperplasia.

Sadly, there still seems to be insufficient evidence available for me to offer solid guidelines on the subject of zinc and prostate cancer. It seems a pity that the cancer industry (the recipient of billions of dollars in charitable contributions) has not done more work into this possible link despite the fact that prostate cancer is one of the major killers of men.

You can obtain your zinc from foods or from supplements. Foods which contain zinc include whole grain cereals, wholemeal bread, wheat germ, sunflower seeds and soya beans. If you take supplements you should take care not to exceed the recommended dose. Too much zinc may be harmful - as may too much vitamin A (though I believe the risks are much lower when the vitamin A is taken as beta carotene).

Lycopene

Recent research has also shown that tomatoes and strawberries can protect against cancer. A nine year study of 47,000 men showed that those who ate lots of tomato-based foods (including tomato-based spaghetti sauce and pizzas containing tomato) were much less likely to develop prostate cancer.

Men who eat four servings a week of tomato-based foods (particularly tomato ketchup, canned tomatoes, tomato soup, tomato-based spaghetti sauce and the tomato sauce used in preparing pizza) reduce their risk of developing prostate cancer by 20% while men who eat at least ten servings a week of tomato-based foods are up to 45% less likely to develop prostate cancer.

The reason is that tomatoes contain good quantities of lycopene, a powerful antioxidant, which helps provide protection against cancer - particularly prostate cancer. Lycopene may also protect against heart disease and other cancers. It is the heat processing which seems to increase the availability of lycopene in tomatoes. So frying tomatoes should increase their lycopene availability.

Tomatoes are not the only foods to be rich in lycopene. Grapefruit are packed with vitamins (especially vitamin C) and rich in fibre and will help strengthen the immune system. But it is pink grapefruit which contains the lycopene which helps provide protection against cancer (particularly prostate cancer) and heart disease. Watermelon contains lycopene and melon with orange flesh (such as cantaloupe) is rich in carotene.

The Benefit of Losing Weight

Any man who wants to avoid prostate cancer should do everything he can to make sure that he does not become overweight.

If you are already overweight then make a real effort to diet successfully - and to maintain an acceptable weight for your height. Heart disease, strokes, diabetes, gallstones and some types of cancer are now all known to be made more likely by excess weight.

The United States Surgeon General, in the 1988 publication entitled *The Surgeon General's Report on Nutrition and Health*, reported that: 'In international studies, a correlation between total per capita [per person] calories and cancers of the breast, colon, rectum, uterus and kidney has been reported (Armstrong and Doll 1975). Case control studies have found positive associations between energy intake and breast cancer (Miller *et al* 1978) and energy intake and colorectal cancer (Jain *et al* 1980; Lyon *et al* 1987). A positive association between increased body weight or body mass index and an increased risk for cancer has been observed for several cancers, including breast (de Waard and Baanders-van Halewijn 1974; Hirayama 1978; Mirra, Cole, and MacMahon 1971), kidney (Goodman, Morgenstern, and Wynder 1986), endometrium (La Vecchia *et al* 1984), and prostate (Snowdon, Phillips, and Choi 1984).'

One large study showed that the lowest overall cancer mortality was seen in men whose body weights were between 10% below and 20% above the average for their age and height. For women the lowest overall risk was seen in those whose weights ranged from 20% below to 10% above the average for their weight and height.

Men who are more than 40% overweight are 33% more likely to die of cancer (with cancer of the colon, rectum and prostate the particular cancers they risk developing). Women who are more than 40% overweight are 55% more likely to die of cancer - in

particular, they are at risk of cancer of the breast, uterus (cervix and endometrium), ovary and gallbladder.

In the summer of 1995 a paper was published describing a study of 115,000 female nurses in the United States of America. The women were followed for 16 years and the researchers found that one third of cancer deaths were due to excess weight.

Cancers of the colon, breast and endometrium were all linked to excess weight.

The study also showed that women who were obese were twice as likely to die of cancer, and were four times as likely to die of heart disease, as were women who were below average weight for their age.

In a review of the study The New York Herald Tribune reported that the results suggested that in the United States 'about 300,000 deaths a year are attributable to overweight.'

If you weigh just 22 pounds more than you did when you were 18 years old then you are probably at risk.

Summary

By cutting down your consumption of meat and fat you can significantly reduce your chances of developing prostate cancer.

Diet is probably the most important factor in the development of prostate cancer. Eating a low fat diet that contains plenty of fibre can reduce your chances of developing prostate cancer. Eating soya based foods is believed to have a beneficial effect. And some experts claim that a diet which is rich in zinc will provide some protection against prostate cancer. You can obtain zinc from plenty of natural foodstuffs - or from a supplement.

Other factors associated with the development of prostate cancer

- Prostate cancer can be hereditary and so if there is a history of this disease in the family then it is particularly important to eat wisely. If an individual's father or brother have prostate cancer then his chances of developing the disease are doubled. If a man has two close relatives with prostate cancer then he has four times the chances of getting the disease.
- There is also a chance that men who work with or are exposed to radioactive substances may be at increased risk of developing prostate cancer.
- A man who has suffered from a sexually transmitted disease may be at greater risk of developing prostate cancer.
- Some doctors now warn that men who have a vasectomy may have a greater risk of developing prostate cancer.
- Men who spend lots of time in strong sunlight seem to have a reduced risk of prostate cancer (but need to watch out for skin cancer).

How the diagnosis of prostate cancer is made

Prostate cancer can develop for several years without any symptoms developing. But the early signs may be similar to the early signs of ordinary prostate enlargement: discomfort or pain on passing urine or having to get up at night to pass urine.

A decade or so ago the only way to test for prostate cancer was for a doctor to put a finger into a man's anus and feel the prostate with a finger. This test was and is known as a Digital Rectal Examination (DRE) and as a student I was taught that

'if you don't put a finger in it you'll put a foot in it'. The examining doctor would be worried if the prostate felt large, uneven or unusually hard.

These days DRE is sometimes regarded as primitive, old fashioned and rather hit and miss - and unlikely to pick up anything other than a well developed cancer that may be too late for treatment.

The modern way of checking for prostate cancer is to perform a Prostatic Specific Antigen (PSA) blood test. This test measures the amount of a specific substance produced both by normal prostate tissue and by cancerous tissue. When the prostate is healthy the level is low - but when there is cancer within the prostate the level rises.

There is still much doubt about whether or not screening for prostate cancer is worthwhile. Those in favour claim that regular PSA tests can pick up the disease early - when it is easier to treat. Those against claim that the test isn't all that reliable (it is possible for the PSA result to be high when there is no cancer present) and that the test is just another example of unnecessary 'high tech' medicine which may result in the over-treatment of men who may have prostate cancer but for whom treatment may be neither necessary or appropriate.

PSA tests are now regularly performed on American men - a fact which, I believe, explains why the incidence of the disease is increasing so rapidly in the US - but there is still some doubt about whether having annual PSA tests makes any difference to life expectancy. (In just the same way that there is real doubt about the value of breast and cervical screening programmes).

What every man should know about treatment for prostate cancer

There is a considerable amount of controversy about whether or not it is sensible to treat prostate cancer. (And if treatment is unnecessary then, clearly, trying to diagnose the disease is also a waste of time and effort). Only one in three men diagnosed as having clinical prostate cancer dies of the disease.

Surgery is the most popular form of treatment for prostate cancer and radical prostatectomy (the complete removal of the prostate gland) is now probably the surgical money spinner that radical mastectomy (the complete removal of breast tissue) in patients with breast cancer was a few years ago.

But just because it is popular that doesn't mean that surgery is the best option. Remember that the urologists who recommend prostate surgery also have most to gain since most of them remove prostates for a living.

Surgeons who advocate radical surgery point to survival figures which seem to suggest that patients who have a prostate removal operation for prostate cancer do live longer. But there is some opposition to this argument. Surgeons tend to operate only on youngish patients who have relative small and undeveloped cancers - and these are the very patients who will live longest anyway.

What surgeons tend to underestimate are the side effects of surgery. Radical prostatectomy is pretty serious surgery and there is a significant mortality rate (the operation alone kills around 1 in 50 men aged 70 or more). It can take quite a while to recover from the operation and there is also a growing amount of evidence to show that complications and side effects are nowhere near as uncommon as they were once thought to be.

The two most significant after effects are impotence and incontinence. Roughly half of the patients who have radical prostatectomies become incontinent and between eight and nine out of every ten experience impotence. These are serious, life destroying side effects.

In general, although surgery is usually regarded as the 'gold standard' treatment for prostate cancer, and although it may well occasionally be vital, life saving and the 'best' solution, I haven't seen any evidence to convince me that every man diagnosed as having prostate cancer should automatically have a radical prostatectomy.

Most doctors regard surgery as the first and main option but I haven't been able to find any analytical evidence to support this point of view.

If your prostate cancer has only just started to develop, and has not spread outside the prostate, then other forms of treatment - less destructive and less likely to produce horrendous side effects - may be more comfortable and just as effective.

If the prostate cancer has spread outside the prostate - and has affected other organs elsewhere in the body - then it is probably too late for surgery.

Apart from prostatectomy the other type of surgery that used to be commonly performed for prostate cancer was orchidectomy (removal of both testicles). This operation is not usually necessary now that hormone treatments can be used to reduce blood testosterone levels.

My own suspicion is that in a few years time radical prostatectomy will, generally speaking, be regarded as usually unnecessary and barbaric - in much the same way that radical mastectomy is today regarded as usually unnecessary and barbaric.

Radiation therapy for prostate cancer usually gets a bad press. Surgeons will sometimes claim that patients who are treated with radiation have poor survival rates. But I don't think this claim is justified. The patients who end up being treated with radiation are often the older patients or patients with more advanced cancers who are considered unsuitable for surgery. Under these conditions it is not surprising that patients who have radiation therapy may seem to have relatively poor survival rates.

I think that one type of radiation therapy is particularly interesting. Called brachytherapy this form of treatment involves the use of radioactive seeds. The technique was first developed decades ago and then abandoned because of poor results but by using ultrasound modern doctors can place the seeds more accurately. The seeds emit radiation for six to nine months.

External radiation is also sometimes used to make sure that the cancer is thoroughly attacked. Research has shown that patients who are treated with a combination of external radiation and radioactive seeds have much the same success rate as patients who undergo surgery. The big advantage of this new and very specific type of radiation treatment is that the side effects are less crippling and there is no dangerous, weakening operation to undergo.

Cryosurgery involves freezing the tumour. Unfortunately, the side effects with this type of treatment seem to be similar to those associated with surgery.

Drug therapy is used as a treatment method because prostate cancer seems to depend on testosterone - the male hormone. Testosterone suppressant drugs are sometimes used together with both surgery and radiation - and they seem to improve the results because they make the tumour shrink. The side effects may be uncomfortable and even hazardous.

Most prostate cancers are slow growing. At least four out of every five men with the disease live for another ten years.

Having prostate cancer doesn't necessarily always mean that you should treat it. There are a number of doctors (and patients) who prefer to wait and see what happens. This passive approach seems particularly popular when the patient is over 70 years old. It is sometimes argued that most of the men over 70 who develop prostate cancer will die of something else and although I'm not sure that this is true it is not an argument which is easy to dismiss.

The difficulty in deciding what to do with a patient who has prostate cancer is enhanced by the fact that not enough research has been done to compare different treatment methods or, indeed, to compare treatment versus a passive 'wait and see' approach.

If treatment methods were without risk this wouldn't matter. But all treatments carry risks and so treating men unnecessarily can be unnecessarily dangerous. If surgery was performed on all the men in Britain who are likely to have prostate cancer at the moment then roughly 2,000 men would die of the surgery alone - approximately the same number of men as would be killed by the cancer.

We desperately need more research to compare surgery with radiation and to compare both with the 'wait and see' approach.

But men don't push hard enough for money to be spent on diseases which affect them and the amount of research done into prostate cancer is minute compared to the amount done into breast cancer or AIDS. Medline, the computerised database of medical research recently contained details of 5,224 studies into prostate cancer, 34,216 studies into breast cancer and 85,536 studies into AIDS.

At the moment I don't think there is enough evidence available for me to be able to say for certain whether or not regular PSA tests are worth having. I wish I could tell you that they're 'vital' or 'useless' but I can't. I just don't know and I'm honestly not convinced that anyone else knows either - though I have absolutely no doubt that there are many doctors who perform these tests who claim that they are definitely worth having. (But, then, in those immortal words: 'They would, wouldn't they?')

The bottom line here is that I rather suspect that this is a decision every man has to make for himself. The answer will probably be influenced by family history and diet. If you're male and in your late 40s or older my recommendation is that you talk to your doctor and see what he says. We're all different and we all face different levels of risk. If you decide not to have regular PSA tests do so for a positive reason (because you don't think they're worth having and because you fear that the risk of being misdiagnosed and subsequently treated for a cancer you don't have is greater than the risk of missing - and dying from - a prostate cancer that you do have) rather than through simple laziness (you can't be bothered to have one).

Benign (non-cancerous) Prostate Enlargement

Why Surgery May Not Be The Best Answer For Benign Prostate Enlargement

One specialist in urology, a member of both the American Urology Association and the American College of Surgeons, recently admitted that when he was operating on men with prostate problems he knew that most of them would never have sex again.

American and British doctors commonly advocate surgery or powerful prescription drugs at the very first sign of prostate hypertrophy. But surgery on the prostate gland is frequently a pretty crude business. Readers of mine have reported that after operations on their prostate glands their sex lives have gone. 'I have no erections and produce no semen,' wrote one unhappy man who had an operation on his prostate gland. 'Is this normal?'

You will probably not be surprised to hear that the drugs which are prescribed don't always work and may (gosh, sit down, you're going to find this difficult to believe) produce unpleasant side effects.

The unbridled enthusiasm of so many doctors for drugs and surgery when confronted by patients with prostate problems is yet another modern day health scandal.

But what makes the scandal worse is that patients in many other countries (particularly the Far East and much of mainland Europe) are usually treated effectively with herb products which have been proved to work in numerous published studies.

Orthodox, drug company trained doctors often dismiss alternative remedies as being unacceptable because they haven't been properly tested. But the herbal remedies for prostate enlargement have been tested and they do work.

There are over 30 plant-derived compounds available in Europe as treatments for benign prostatic hypertrophy.

There really isn't any excuse (other than a pathetic reluctance to risk offending the medical establishment and the pharmaceutical industry) for doctors to still turn to prescription drugs and surgery as 'first choice therapy' when faced with men with hypertrophied prostate glands.

I can, in a way, understand surgeons not wanting to recommend alternatives to surgery. Many pay the payments on their houses and BMWs with the fees they receive for operating. It is immoral and dishonest but it is at least comprehensible.

What I cannot understand is the fact that so many doctors remain reluctant to recommend natural, herbal products - which have been proved to be both safe and effective - and enthusiastic about drug company products for which the most accurate adjective is probably 'expensive'.

Yet more evidence, I fear, that many modern medical practitioners are a disgrace. Hippocrates would turn away from them in disgust. Paracelsus would probably laugh and say 'I told you so'.

I'm afraid it is difficult to know what to recommend to men who have had prostate surgery and subsequently never recovered their sex lives. But if I was in that unhappy position I might, I think, try one of the many available natural health remedies recommended for prostate enlargement in the hope that it might help me. This isn't as daft as it sounds because surgeons often fail to remove enough of the enlarged gland. It is possible that some, at least, of the troublesome symptoms may be a result of a residual prostate problem. Natural remedies for enlarged prostate trouble are usually low in side effects. Naturally, you should check with your doctor first.

How to reduce an enlarged prostate by natural methods

If you have a benignly enlarged prostate (or you want to avoid or delay developing an enlarged prostate gland) there are several products which are worth trying. As I explained in the section dealing with diet and prostate cancer keeping your prostate in good condition is partly about knowing what to eat and what to avoid.

In addition, rye pollen extracts and the herb saw palmetto have both been used to help reduce the size of the prostate gland. There is evidence that both help to reduce prostate size and reduce the symptoms created by benign prostate enlargement. Regular intake of saw palmetto prevents or reduces the conversion of testosterone to dihydrotestosterone - a substance which can stimulate prostate cells to multiply at a faster rate than normal.

Zinc is also essential for a healthy prostate gland. A healthy prostate needs zinc because it is required for producing male hormones. And zinc helps to protect the prostate from the toxic effects of the metal cadmium (which can, even in quite small quantities, stimulate the prostate to enlarge).

Lycopene, which helps provide protection against cancer - particularly prostate cancer - is another essential (see page 5) which can also be taken in supplement form.

So that I can be sure that I am getting the essential ingredients I need for a healthy prostate gland I take a daily supplement containing zinc, lycopene and saw palmetto. These are, I believe, the three most important dietary ingredients for a healthy prostate.

This is what I do to reduce my risks of developing either an enlarged prostate gland or prostate cancer (or both):

- I try to keep my weight under control. My height is 6 feet 3 inches. The ideal weight band for my height is 12 to 13 stones (168lbs to 182lbs). I know that in order to minimise my prostate cancer risk I need to keep my weight under 13 stones plus 20% - which is 15.5 stones. To help you keep your weight under control study the table on the right:
- I do not eat meat. Meat eaters have a greatly increased risk of developing prostate cancer.
- I try to eat plenty of fruit, vegetables and seeds.
- So that I can be sure that I am getting the essential ingredients I need for a healthy prostate gland I take a daily supplement containing zinc, saw palmetto and lycopene. I believe that these all have a specific, positive effect on the health of my prostate gland. The product I take also contains

vitamin E and betacarotene (which is, I believe, the safest way to take vitamin A) which are valuable antioxidants which help to reduce my risk of developing cancer.

Height/weight chart for men

Instructions

- Weigh yourself with as few clothes as possible - and no shoes
- Measure your height in bare or stockinged feet
- You are overweight if your weight falls above your ideal weight band

Height (feet & inches)	Ideal Weight Band (stones and pounds)
5.0	8.5 - 9.5
5.1	8.6 - 9.6
5.2	8.7 - 9.7
5.3	8.8 - 9.8
5.4	8.11 - 9.11
5.5	9.2 - 10.2
5.6	9.6 - 10.6
5.7	9.10 - 10.10
5.8	10.0 - 11.0
5.9	10.4 - 11.4
5.10	10.8 - 11.8
5.11	10.12 - 11.12
6.0	11.2 - 12.2
6.1	11.6 - 12.6
6.2	11.10 - 12.10
6.3	12.0 - 13.0
6.4	12.4 - 13.4
6.5	12.8 - 13.8
6.6	13.0 - 14.0

Note: Ideal weights vary with age and various other factors. But if you weigh more than 14 pounds above the maximum in your Ideal Weight Band then your weight will almost certainly be having an adverse effect on your health. One large study showed that the lowest overall cancer mortality was seen in men whose body weights were between 10% below and 20% above the average for their age and height.

Note: The material in this Report is not intended as an alternative to personal, professional medical advice. Written material can only offer information and advice. And, however well intended, all advice is, by definition, subjective. Readers should immediately consult a trained and properly qualified health

professional whom they trust and respect, for advice about any symptoms or health problem which requires diagnosis, treatment or any kind of medical attention. While the advice and information in this Report are believed to be accurate at the time of publication, neither the author nor the publisher can accept any legal responsibility for errors or omissions which may be made.

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