

PROSTATE CANCER

A Medical Herbalist APPROACH TO
RESOLVING THIS CONDITION

WHO AM I ?

- I am a medical herbalist
- Trained in the UK (London/Oxford) in university, hospital, clinic environments
- I practise in downtown Toronto focussing on cancer, precancerous conditions

www.medicusherbis.com

Evidenced based practice

FYI Comparisons MD:MH:ND

Training	Medical Herbalist	vs.	Medical Doctor	vs.	Naturopath
Degree	Yes		Yes		Yes
Prof.body	Yes 1542		Yes 1540		Yes c.1901
Hospital training	Yes		Yes		No
Surgery	No		Yes		No
Evidence based	Yes		Yes		No
Specialist	Yes		Yes		No

A medical herbalist only uses plants & professional supplements to treat holistical

- A medical herbalist has 2-3 times more training than an MD in
 - **Both** conventional drugs **and** plant medicine
 - Drug interactions & contraindications & Dosage
 - Nutrition and preventive medicine

WHAT IS CANCER

- Cancer is an endocrine metabolic disease
- Inflammation & the Uncontrolled growth of cells.
- Hippocrates & Nobel prize winners 1931 and 2008. Key: Warburg (glycolytic shift)

MORTALITY

- 1944
- Mortality Top 2 causes CVS & Cancer
- 1944-2011
- Mortality Top 2 causes CVS & Cancer

- @ 30% in Ontario is prostate cancer
- NO CHANGE DESPITE HUGE SUMS INVESTED
- Ref: www.cdc.org www.cancercare.on.ca

PREVENTION

- Cancer is a Preventable Disease that Requires Major Lifestyle Changes
- B.B Aggwal et al. MD Anderson Cancer Research Centre Pharm Res. 2008 September; 25(9): 2097–2116.
Pub. online 2008 Jul 15. doi: 10.1007/s11095-008-9661-9.
- 2.8M Cancer cases per year are preventable
- Martin Wiseman Project Director World Cancer Research Fund 2011
- **EARLY DETECTION IS NOT PREVENTION**

CAUSES

- 95% of causes are environmental
- Cancer is a disease of excess
- Alcohol, smoking, diet, lack of exercise
- @ 5% iatrogenic, genetic @

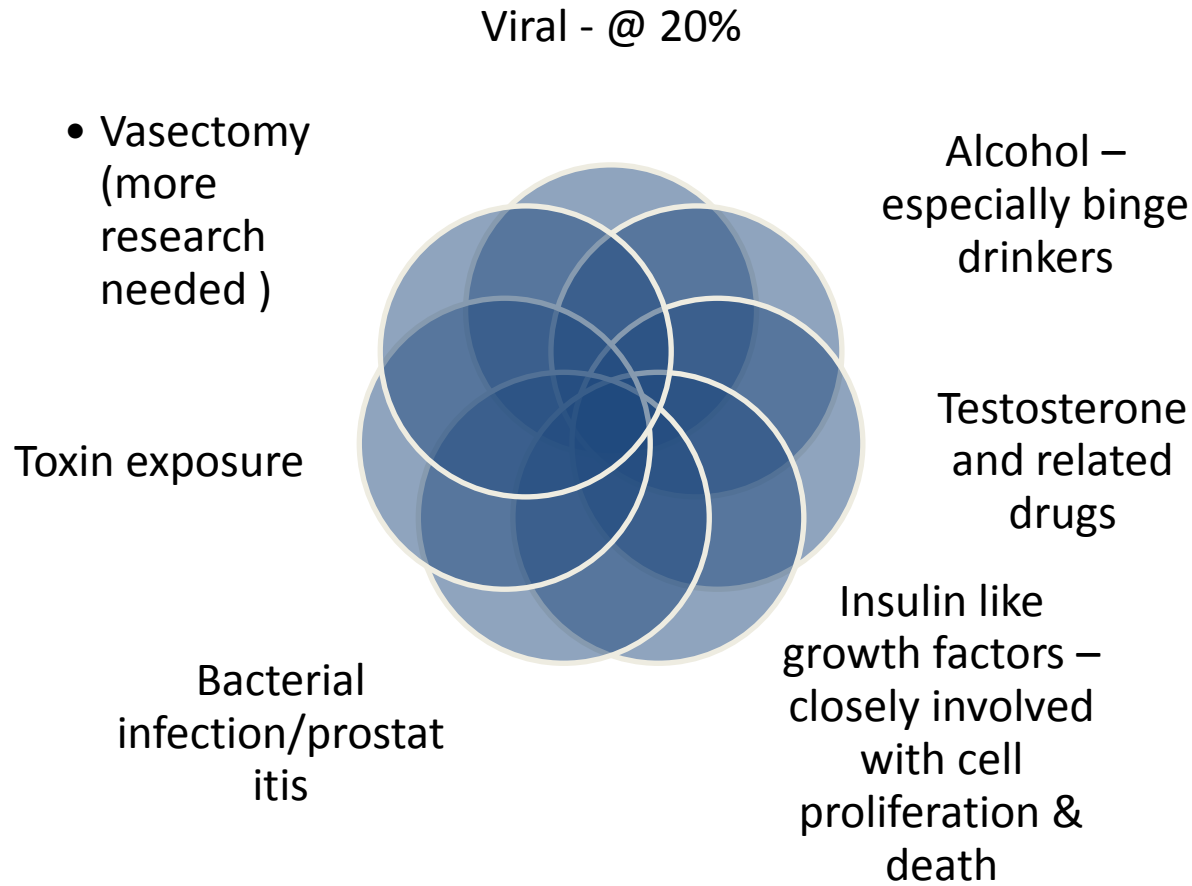
DRUGS USED TO TREAT

- NONE TREAT THE CAUSES & ALL **Have Major Side Effects:**
- MONOCLONAL ANTIBODY – drug resistant states
- BISPHOSPHONATES – in metastasis/bone
- ANTI HORMONE The physiologic basis for hormonal action in prostate cancer is to deprive cancer cells of androgens.
- CHEMO analogs of mustard gas/platinum/taxol

WHAT IS PROSTATE CANCER?

- Majority have adenocarcinoma which is
- Testosterone sensitive
- Arising in the peripheral posterior subcapsular zone (of the prostate)
- Metastases to pelvic lymph nodes and direct invasion of tissues
- Common metastasis to spine and pelvis

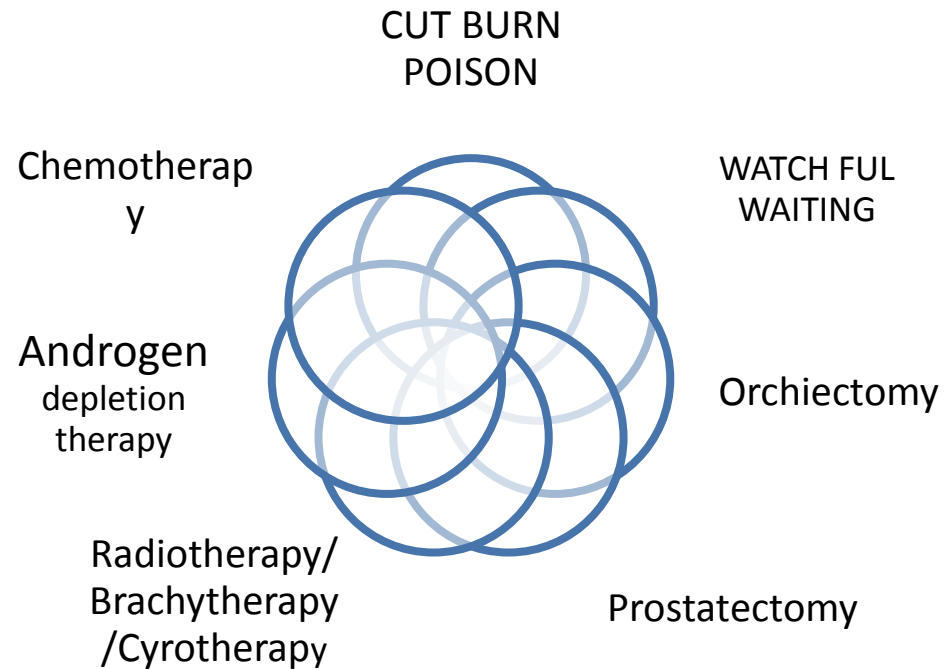
CAUSES /AETIOLOGY



QUOTES

- “Everything man needs to maintain good health can be found in nature - the true task of science is to find these things “ Paracelsus
- “Men with significant comorbidity often were overtreated for low-risk prostate cancer. Like advanced age, significant comorbidity should be a strong relative contraindication to aggressive treatment in men with low-risk disease.” Cancer 2010. © 2010 American Cancer Society Daskivich TJ et al University of California, Los Angeles, Los Angeles, California.

CONVENTIONAL APPROACH



CONVENTIONAL MEDICINE

- VERTICAL INTEGRATION OF PROFESSION
- CONFLICT OF INTERESTS
- UK/US ADVANCING
- INTEGRATION but **not**
- In ONTARIO/path lab failures
- NO NEW DRUGS
- DESPITE THE FUNDING AND HYPE
- DOES NOT ADDRESS THE CAUSES
- FORMULAIC APPROACH

CONSEQUENCES:

Surgery: Jones in 1895 and Peeters in 2005
Journal of Surgery both observed: Surgical
removal of the primary tumour activates cancer

Radiation

Destabilises - DNA - burns

Chemotherapy

Limited value - highly destructive of the whole body – does not address cause

There is A BETTER WAY!

THERE IS A BETTER WAY!

“MH provides the links between the diagnosis, the surgery, the path lab, the treatment and refining the protocol as well as dealing with the environment & homeostasis & prevention” Donny Yance Medieri Foundation

All on an evidence base

"The part can never be well unless the whole is well"
Socrates

DRIVERS OF PROSTATIC PROBLEMS

- ❖ Poor blood flow to prostatic tissues
- ❖ Poor excretion from prostatic tissues

- ❖ Inflammation –drugs conventional & social

- ❖ Weak or disrupted innate bodily immune/ mechanisms including excess hormones

- ❖ Decreased immune surveillance
- ❖ Blockage – lymphatic drainage – bacteria - viruses
- ❖ Bodily & mental stress

- ❖ Other conditions associated e.g. thyroid malfunction

MH OBJECTIVES

This approach is the reverse of the orthodox approach

- ❖ Decrease inflammation
- ❖ Strengthen body resistance/ vitality - bacteria & viruses
- ❖ Manage stress and body dysbiosis including excess hormones
- ❖ Increase immunity and immune surveillance
- ❖ Decrease congestion and increase lymphatic drainage
- ❖ Detox.
- ❖ Cytotoxicity and finally return the body to HOMEOSTASIS

PLANTS & CANCER

- There are @ 27/28 pathways to the development of cancer in simple terms
- Extensive evidence data base e.g garlic has over 44,000 papers
- We have plants which block every one of these path ways
- Treatment / plant individualised to patient
- Plants work on many biochemical levels

DECREASE INFLAMMATION

All chronic conditions are caused by persistent inflammation

The inflammatory cascade is governed by eicosanoids (Cox) which produce prostaglandins, leukotriene's and TNF/TGF

Unhealthy diet & lifestyle can cause cells to over react producing high levels of prostaglandins resulting in a chronic feedback loop

Inflammation increases angiogenesis. Increased VEGF which causes cells to proliferate and ILGF which in turn is influenced by age weight, age and exercise

MH has many anti inflammatory herbs e.g. Boswellia , Curcuma longa, Salix

STRENGTHEN THE BODY

We look at all aspects of bodily function, identify the stressed functions,
provide appropriate herbal support e.g. the heart

Eliminate pathogenic bacteria

Eliminate or control viruses

Role of Thyroid

MANAGE STRESS

The GAS syndrome – Hans Selye - Canadian

Stress is known to deplete immunity and increase the rate of Prostate Growth. It releases pro inflammatory cytokines which act as stimulants

MH has a significant number of plants called adaptogens ideally suited To manage stress

Astragalus membranaceus

Glycyrrhiza glabra

Withania somniferum

Panax Ginseng

MANAGE HORMONES

Testosterone

Testosterone is produced by the testicular Leydig cells under the influence of pulsatile secretion of luteinizing hormone—releasing hormone from the anterior hypothalamus, which in turn is regulated by negative feedback inhibition of the pituitary-gonadal axis by circulating testosterone. Most of the testosterone in circulation is bound to sex hormone—binding globulin and albumin. Only 1% to 2% of testosterone exists in the free, unbound form that diffuses into target cells of the prostate, testis, adrenal gland, skin, muscle, bone, and adipose tissue, where it is irreversibly converted into a more potent biologically active metabolite, dihydrotestosterone (DHT), by action of 5 α -reductase (5 α R)

There are herbs which modify every single step of this pathway
e.g. Vitex, Serrenoa, Cimicifuga, Urtica Radix

INCREASE IMMUNITY

Prostate cancer is linked to a depressed or depleted immune system; this reduces immune surveillance which results in the dysfunction of Cells

Some Medical Herbs which increase immunity are:

Echinacea spp.

Astragalus membranaceus

Panax ginseng

Phytolacca decandra

Recent Noble prize winner for Chemistry dendritic cells

DETOX

Ensure major organs, bowels, lungs, urinary system are in proper working order
i.e. excretion, diuretics

Ensure proper drainage of tissues to provide for excretion
i.e. lymphatics

Stimulate the circulatory tissues to deliver proper nutrients to tissues And stimulate the drainage of those tissues.

DIET

Balanced diet high in fruit and vegetables

Avoid refined carbs

Probiotics

High protein

Minimise fats especially saturated fats

LIFESTYLE

Cancer is a life changing event - Modify Lifestyle:

Exercise - improves oxygen flow to the prostate

Stop smoking

BMI less than 24

Relax

Hydrotherapy

Tai Chi Qi Gong Acupuncture

CYTOTOXICITY

- Chemo is cytotoxic i.e it kills cells indiscriminately only if they are in S phase
- Plants can do this to but it does it selectively i.e identifies good and bad cells.
- E.g Miseltoe, Periwinkle, Yew, Mayapple
Artemesia

INTEGRATION

- In Ontario it does not exist for cancer
- In BC my mentor is /was teaching oncologists
- The Lancet stated @ 7rs ago Phytotherapy should be the primary treatment for BPH
- UK/US clinics with MH involved in the treatment protocols

TESTING

- UK VS USA VS Canada
- The PLCO trial⁵ The study found that a greater number of prostate cancers were diagnosed in patients undergoing regular screening with PSA. PSA screening was not found to significantly reduce death from prostate cancer
- ERSPC ⁶ The ERSPC investigators concluded that PSA screening reduces prostate cancer—specific mortality, but at significant cost of overdiagnosis & overtreatment.

HOW DO I TREAT?

Every treatment is tailored to the individual after a 2 hour consultation

Every treatment is designed to both address the immediate symptoms and the physiological causes

Diet/ lifestyle/ exercise advice

Appropriate supplements

A specific Tincture (medicine to take) in specific dosages

HOW DO I TREAT (2)

I choose the plants that are most appropriate to the person
And Their medical presentation

The plants I choose are based on good evidence for their use

I select the supplements * based on the patients' bloodwork
and the supplements evidence of efficacy

I constantly monitor the progress and adjust accordingly
the protocol

SOME HERBS USED IN PROSTATIC CANCER

Curcuma longa

Mediates 98 metabolic pathways and inhibits 14 types of cancer

Serenoa serulata

“Lipids/sterols known to be inhibitor of 5alpha reductase”

- **Performed better than Finasteride in clinical trials**

Capsicum minimum

“ inhibits growth of androgen independent prostate cancer cells carrying the common P53 mutation”

Cimicifuga racemosa L. Nutt

“ inhibits androgen sensitive and insensitive cells by apoptosis”

MORE PLANTS

- **Urtica dioica rx**
- anti prostatic inhibits DHT reduces 5 α -DHT to SHBG; aromatase inhibitor, anti proliferative
- **Hydrangea arborescens fol**
- diuretic, anti hyaluronidase
- **Alchillea millefolium fol**
- anti inflammatory, diuretic
- **Scutellaria biacalensis**
- “ Inhibits PGE2 production By COX-2 inhibition”

SOME EVIDENCE

- www. Pubmed, Science direct
- I do have a full list though not exhaustive of references for those who are interested – if you would like either to email me or put your name down tonight I will send them to you.

VITAMIN D

- Vitamin D is poorly understood ; currently 8 forms identified - most common form - Vitamin D3
- Pathogenesis of cancer, hypertension, MS, auto immune, osteoporosis, osteoarthritis, pulmonary disease, Crohn's, diabetes, thyroid function, blood clotting, liver function
- AR signaling pathway is affected by vitamin D, which is known to promote growth inhibitory effects in prostate cancer.[50](#)
- Most Canadians deficient.
- Grant W, et.al. An estimate of the economic burden and premature deaths due to vitamin D deficiency in Canada, Molecular Nutrition and Food Research, volume 54, Issue 8, p. 1172-1181, août 2010.

TURMERIC

THE MOST PERFECT ANTI CANCER DRUG

[AAPS J.](#) 2011 Sep 22. 373712/10/2011

Epigenetic CpG Demethylation of the Promoter and Reactivation of the Expression of Neurog1 by Curcumin in Prostate LNCaP Cells.

[Shu L](#), [Khor TO](#), [Lee JH](#), [Boyanapalli SS](#), [Huang Y](#), [Wu TY](#), [Saw CL](#), [Cheung KL](#), [Kong AN](#).

[Over 22,000 articles in peer reviewed journals but unpatentable](#)

[Mol Nutr Food Res.](#) 2011 Sep 21. doi: 10.1002/mnfr.201100328.

Curcumin provides potential protection against the activation of hypoxia and prolyl 4-hydroxylase inhibitors on prostate-specific antigen expression in human prostate carcinoma cells.

[Chung LC](#), [Tsui KH](#), [Feng TH](#), [Lee SL](#), [Chang PL](#), [Juang HH](#).

SUPPLEMENTS

- ❖ illegal to sell a medically efficacious dose
- ❖ most are not pharmaceutical grade
- ❖ no evidence base / extrapolation claims
- ❖ Contents /label/marketing claim
- ❖ Unnecessary
- ❖ No consideration of individual needs
- ❖ Failure to address polysupplementation

PROTOCEL

- ❖ No evidence in scientific peer reviewed journals – admitted on website
- ❖ This is a supplement with all the typical issues associated with supplements
- ❖ Makes claims but no evidence crossing blood brain barrier
- ❖ Contents – 4hydroxyquinone, rhodizonic acid, sodium,potassium, croconic acid, catechol, 3 quinol,leuconic acid, inositol, copper

CASE HISTORY

- 18/02/05

PC: 58yr Blacksmith BMI 28

- PMH: UC, longstanding enteropathic arthritis, polyps sigmoid colon, asthma, intermittent claudication, leg cramps, previous UTI's, Poor Diet High Alcohol. No Drugs No supplements.
- DRE: enlarged irregular nodular prostate
- PSA 28.1 ng/ml
- Biopsy: Gleason 9 Grade 5
- Scans: CAT PC within capsule Bone Scan : NAD

CASE HISTORY - 2

- Conventional TX:
- 15/05/05
- Conventional: Radiotherapy not given due to UC. Casodex 2 weeks overlap with Zoladex (anti androgens)
- Requested Coeliac test - confirmed.

CASE HISTORY

- MEDICAL HERABLIST Treatment:
- Supplements: Vitamin C, Lycopene, Anti Oxidant, Fish Oil, Turmeric, Quercetin, Acidopholous, Indole 3 carbinol, bromelain, Green Tea Extract, Maitake, Vit D – all pharmaceutical strength
- Modified diet and lifetstyle.

Initial Prostate Mix:

Astragalas membranaceous Tr 1:3	milk vetch
Dioscorea villosa Tr 1:3	yam
Eccinachea augustifolia Tr 1:3	purple cone flower
Serenoa serrulata fe	saw palmetto
Silybum marianum fe	milk thistle
Thuja occidentalis tr 1:3	yew
Trifolium pratense fe	red clover

CASE HISTORY RESULT

Compound (Rx) changes of over time but:

18/02/05 PSA 28.1 ng/ml

20/06/05 PSA 0.3ng/ml

11/10.06 PSA 0.7ng/ml

22/03/07 PSA 0.5ng/ml

ON EVERY VISIT I MAY MODIFY THE COMPOUND AND I CHECK AGAINST BLOOD WORK.

CASE STUDY - 2

- 15/05/06
- 56yrs West Indian poor urinary flow, pain, nocturia, haematuria, anejaculation, chest pain, back pain BMI 25

PMH: Angina, vasectomy, poor diet, no drugs or supplements

DRE: enlarged irregular nodular prostate

PSA: 5000+ ng/ml

Biopsy: Gleason 9 Grade 5

Isotopic bone scan : osteosclerotic bone meets lumbar spine, lower ribs, pelvis & femur

CASE STUDY 2

- Conventional Medicine:
 - Casodex 2 wks, 1 wk overlap with Zoladex, cocodamol, zoledronic acid
- Medical Herbalist Medicine:
 - Supplements Vit C, Lycopene, ACE Selenium, Zinc, Fish Oil, Turmeric, Strontium, quercitin, acidopholus, indole 3, bromelain, green tea, Vit D pharmaceutical strength
 - Dietary & life style modifications
 - Tincture Mix included:
 - Milk Vetch, Cayenne, Black Cohorsh, Purple cone flower, licorice, skullcap, Schizandra, saw palmetto & salegesic tabs

CASE STUDY 2 RESULT

- 15/05/06 PSA 5000 ng/ml
 - 15/06/06 PSA 1000 ng/ml
 - 17/07/06 PSA 300 ng/ml
 - 02/08/06 PSA 0.9 ng/ml
 - 19/03/07 PSA 0.7 ng/ml
-
- On every visit I modify the RX if required & check bloods
 - No pain, no urgency, flow normal, no nocturia

CAUTIONS

PLEASE NOTE IT IS ADVISED, THAT ANY PLANTS MENTIONED IN THIS TALK ARE ONLY USED UNDER PROFESSIONAL GUIDANCE. BOTANICAL MEDICINE AS SUPPLIED BY A PROFESSIONAL IS NOT AVAILABLE OVER THE RETAIL COUNTER.

It is not advisable to self treat

A professional will recognise all the issues within the body and Select herbs that will impact positively on these issues without Causing problems in order to co exist with orthodox drugs,

Thank you for listening to me
Morwenna Given



WWW. MEDICUSERBIS.COM