While the watchful waiting approach saves many men from the age of 75 and/or those with other health problems, it is generally favoured for men over development, then surgical and/or medical complications from the prostate cancer checked regularly, and if it rises, or if prostate specific antigen (PSA) level will be 'watchful waiting'. This means that the man's prostate specific antigen (PSA) level will be checked regularly, and if it rises, or if complications from the prostate cancer develop, then surgical and/or medical treatment of the cancer will commence. This approach is generally favoured for men over the age of 75 and/or those with other health problems.

Low-grade prostate cancer has a slow growth rate, so if you are elderly or already ill with another disease, you are likely to die from those conditions long before your prostate cancer kills you. Younger healthy men may also choose watchful waiting because they dread the side-effects of prostate cancer treatment: impotence; urinary incontinence; bowel problems; and in the case of hormonal treatments, depression, cognitive decline, loss of libido and increased risk of high blood pressure, diabetes and heart attack.

While the watchful waiting approach saves many men from treatment that would not actually benefit them – in fact, Dr Otis Brawley of the American Cancer Society states that "More than 90% of men getting [treatment for prostate cancer] do not need it" – it represents a gigantic wasted opportunity. Firstly, slow-growing prostate cancers can suddenly become aggressive and life-threatening, and at the moment there is no way of predicting which cancers will change in this way. Secondly, the dietary and lifestyle risk factors for prostate cancer are the same as the risk factors for heart disease, type-2 diabetes and several other types of cancer, including colorectal.

Being diagnosed with cancer tends to grab one's attention, and many men are more open to change at this point than at any other time of their lives. If you make changes to get your prostate cancer under control, you'll also be reducing your risk of the other major causes of death for Australian men.

That's why, rather than leaving men with early-stage prostate cancer in the limbo of watchful waiting, I favour aggressive nutritional and lifestyle intervention. Why sit there on the tracks, waiting for the train to run you over, when you can get yourself out of its way?

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**ELEVEN STRATEGIES**

What follows are 11 top prostate cancer containment and reversal strategies. [Note that nothing here is to do with treating or curing cancer; these points are all about making the body as healthy as possible so as to strengthen its self-healing powers and contain the cancer and prevent it becoming life-threatening.]

1. **Eat a diet based on unrefined plant foods.** Dr Dean Ornish has demonstrated the dramatic benefits for men, diagnosed with early-stage prostate cancer, of switching to a vegan diet. (See box, 'The Prostate Cancer Lifestyle Trial' p.50.) A healthy vegan diet – that is, one based on vegetables, fruits, legumes, nuts, seeds and whole grains, not vegan marshmallows and soy hot dogs – is rich in dietary factors like antioxidant vitamins, carotenoids, other phytochemicals and fibre that help prevent many chronic diseases including cancer, and may assist in overcoming them. In addition, this dietary pattern is low in factors that promote chronic disease, such as saturated fat and cholesterol (see the more detailed discussion of cholesterol below).

Poultry and eggs are just as risky as red meat. A recent study of 1300 men who had been diagnosed with prostate cancer, found that those who ate the most eggs and poultry with skin, were twice as likely to have their cancer recur after treatment, or progress to a more serious form, as men with the lowest intake. Animal protein is a key factor in raising levels of a hormone called IGF-1 (insulin-like growth factor 1), which is a known risk factor for prostate cancer. (On the other hand, plant proteins including soya beans, raise levels of IGF-1 binding proteins, which protect against prostate cancer).

And dairy products have no place in the diet of a man who wants to avoid dying of prostate cancer. Milk, yoghurt, cheese and other dairy products contain high levels of IGF-1 and also stimulate the body to make more of it. In addition, the steroid hormone Salpaha-pregnandione (Salpaha-P), present in milk, is converted to dihydrotestosterone (DHT), a hormone which drives the growth of prostate cells, and hence is involved in the development of both benign prostatic hypertrophy and prostate cancer. This potent double-whammy is probably responsible for the association found in epidemiological (population) studies, between dairy product intake and prostate cancer risk.

2. **Exercise regularly.** As well as reducing the risk of developing prostate cancer in the first place, regular exercise is beneficial for men already diagnosed with prostate cancer – but it appears that the exercise must be fairly vigorous to show benefit. Researchers from the Harvard School of Public Health found that men with prostate cancer who engaged in five or more hours of vigorous physical activity a week, decreased their risk of dying from prostate cancer. In the same study, jogging, cycling, swimming or playing tennis for about half an hour per week reduced all-cause mortality (death from any cause) in these men by 39%. Men who walked for 90-plus minutes at a normal to brisk pace each week had a 51% lower all-cause mortality rate than men who walked less than 90 minutes at an easy walking pace.
3. Get your cholesterol level down! Cholesterol increases prostate cancer cell division, and therefore tumour growth. It upregulates (increases the activity of) a prostate cancer-promoting gene, called PCGEM1, in both androgen-sensitive and androgen-insensitive prostate cancer cell lines. To lower cholesterol, you must stop eating animal protein, and ...

4. Consume plant sterols. Plant sterols, or phytosterols, are found in abundance in nuts, seeds and grains. They have been found to suppress prostate cancer cell growth and induce cell ‘suicide’ in prostate cancer cells (cell ‘suicide’ is known as programmed cell death, or apoptosis; doctors use radiotherapy and chemotherapy to try to induce apoptosis). Significantly, plant sterols reverse the cancer-promoting effects of cholesterol mentioned above.

5. Consume foods rich in phytochemicals, especially lycopene. The red pigment lycopene, a member of the carotenoid family, lends tomatoes, watermelon, pink grapefruits, papaya, apricots and pink guavas their vibrant hue. Epidemiological studies have found that men with a high intake of lycopene (usually from cooked tomato products) have a lower risk of prostate cancer. Men with prostate cancer who consumed more dietary lycopene had lower PSAs, slower progression of their cancers, and less cancer-related pain compared to men who consumed their usual diets, reported that their participation in the Cancer Lifestyle Trial conducted by Dr Dean Ornish included multiple avenues of therapy had failed. Their PSA levels had increased to 54 months, and 80% of the men who received the juice reduced the velocity of their PSA increase. Blood samples were taken from the men before and after the pomegranate juice treatment, and the scientists grew prostate cancer cells in the sampled blood. The post-pomegranate blood samples decreased prostate cancer cell proliferation by 12%, and increased apoptosis by 17%, compared to the pre-pomegranate blood samples.

8. Eat ground linseed/flaxseed - but not flaxseed oil. Flaxseed (or linseed) contains high amounts of lignans. These compounds are converted in the body into enterolactone, which has been found to inhibit prostate cancer growth and development. Researchers took 161 men with prostate cancer, who were scheduled for surgical removal of the prostate gland, and randomised them into 4 groups. The first group received a diet supplemented with 30 grams flaxseed per day; the second, a low-fat diet; the third, a low-fat diet supplemented with flaxseed; and the fourth ate their usual diet. All the men followed their allocated diet for an average of thirty days, until their surgery. The prostate tumours were then examined for proliferation (cancer cell growth) and apoptosis (cancer cell ‘suicide’). The two groups that received flaxseed were found to have less than half the rate of tumour cell proliferation compared to men who consumed their usual diets, while no significant effect on proliferation was observed among those who received a low-fat diet without flax.

On the other hand, some epidemiological studies have found that men with the highest intake of alpha-linolenic acid (ALA - of which flaxseed oil is the richest commonly-consumed source) have an increased risk of developing prostate cancer compared to men with the lowest intake. Until more definitive studies are done, it is prudent to avoid concentrated sources of ALA. While whole or ground linseed does contain ALA, the anti-cancer lignans it contains appear to offset any cancer-promoting effect that this type of fatty acid may have.

9. Avoid folic acid supplements. Men who took a daily 1 mg folic acid supplement for up to 10 years were found to more than double their risk of developing prostate cancer compared to men taking a placebo. Interestingly, men who did not take folic acid supplements, but had high blood levels of folate from dietary sources, showed a trend toward reduced risk of prostate cancer.

10. Ensure your vitamin D level is optimal. The ‘sunshine vitamin’ is the current megastar of the nutrition world. There has been an explosion in vitamin D research in the last couple of years, and it seems that there aren’t many diseases that vitamin D doesn’t prevent or aid in treating! Prostate cancer is definitely on the list. Vitamin D inhibits human prostate cancer cells from proliferating, invading surrounding healthy tissue, and metastasising (spreading through the body); it promotes differentiation of these cells (thus reversing the process by which healthy cells turn into cancer cells).

A study of men who had been treated for prostate cancer, but still had rising PSA levels (indicating that their prostate cancer was relapsing), found that vitamin D supplementation decreased PSA levels, or kept them steady, for nearly 2 years of follow-up. This means that the vitamin D was slowing down or preventing the recurrence of prostate cancer.

11. Manage stress, and seek emotional support. The Prostate Cancer Lifestyle Trial conducted by Dr Dean Ornish included multiple avenues for building connections between the men who were facing cancer. Ornish himself considers this to have been a very significant aspect of the program. Most of the men who participated reported that their participation in the program contributed to feelings of hope, optimism and fighting spirit, and many felt they were much more comfortable with emotional expression as a direct result of this peer group involvement.

Winter 2010 Natural Health and Vegetarian Life 49
THE PROSTATE CANCER LIFESTYLE TRIAL

The pioneering medical doctor, Dean Ornish, has shown that a low-fat vegan diet including soya foods, along with participation in stress management, psychosocial group support and exercise programs, can prevent or delay the need for medical treatment in men with early-stage (Gleason score of 7 or less) prostate cancer.

Ornish took 93 men who had elected watchful waiting to manage their early stage prostate cancer, and put half of them into the diet and lifestyle intervention group. The intervention group experienced significant improvements in weight, abdominal obesity, blood pressure and lipid profile (blood cholesterol and triglycerides), and their PSA level went down by an average of 4% after one year on the program, while the control group suffered an average PSA increase of 6%. After 2 years, 27% of the control patients had had to undertake conventional prostate cancer treatment (radical prostatectomy, radiotherapy or androgen deprivation) compared to only 5% of the patients who had participated in the lifestyle experiment. Three of the control patients had a PSA level of 10 ng/ml or higher, while none of the experimental group did.

The researchers also took serum (blood minus the red blood cells) from the men after they had made the diet and lifestyle changes, and cultured prostate cancer cells in it. They found that this serum inhibited the growth of prostate cancer cells, while the control group suffered an average PSA increase of 8% after one year on the program:

"...changes, and cultured prostate cancer cells in it. They found that this serum inhibited the growth of prostate cancer cells 8 times more effectively than serum from men in the control group, who had made no changes. Diseases such as cancer are often blamed on 'bad genes', with the assumption that a man inherits genes that predispose him to cancer, and there's nothing he can do about it. However, Ornish and his co-researchers found proof that diet and lifestyle changes can change the expression of genes - in other words, you can turn 'cancer genes' on or off depending on how you live. They studied the gene expression of men before and after the diet and lifestyle intervention, and found that over 500 genes were affected by the changes the men made. Many of these genes play crucial roles in generating cancerous tumours."  

CASE HISTORY

David was diagnosed with early-stage prostate cancer (Gleason score 6) in November 2009. He had been having symptoms of benign prostatic hypertrophy (non-cancerous enlargement of the prostate) for some time. His PSA, which should be no more than 3.5 ng/ml in men in his age group - early 50s - was 78 ng/ml. David's urologist urged him to have a prostatectomy, but he resisted, and began looking for a more wholistic way to manage his condition. Prior to coming to see me, he began exercising regularly, cut refined carbohydrates and meat out of his diet, and increased his consumption of vegetables, salads and tofu. When he had his PSA tested again 4 months later, it had dropped to 5.6.

We are now working on getting his PSA even lower. We are doing this by optimising his vitamin D level, by including pomegranate, flaxseed and more brassica vegetables in his diet, and by using carefully targeted nutritional supplements to decrease inflammation in his prostate, and so inhibit the growth of the prostate cancer cells. David has also realised that he needs to make big changes in his life to allow himself to be truly happy, rather than just 'staying on the treadmill'.

David is a joy to work with, because he has really grasped the opportunity that his diagnosis has presented him with: the opportunity to make changes in his way of eating and living that decrease his risk of dying from prostate cancer, enhance his feeling of overall wellbeing, and put him back in the driver's seat when it comes to his health and happiness.

IN CONCLUSION

Being told that you have cancer is one of the scariest experiences you can possibly have. But for men who are diagnosed with early-stage prostate cancer, there is a silver lining to this dark cloud: the diagnosis can spur them on to make diet and lifestyle changes that will substantially reduce the chances of their prostate cancer becoming aggressive and claiming their lives. As an added bonus, these same changes will also substantially improve their quality of life, and protect them against other deadly conditions such as heart disease, type-2 diabetes and bowel cancer, which share many risk factors with prostate cancer.

So don't sit around 'watching' your PSA levels rise, and 'waiting' until the urologist says it's time to cut your prostate gland out. Follow the example of Dr Dean Ornish's patients and start making life-saving changes in your diet and lifestyle today.

THE AUTHOR

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REFERENCES

1. http://jncl.oxfordjournals.org/cgi/content/full/101/19/1295