American Cancer Society, although others will always disagree. In further fact, an article by Sharon Begley titled “The Myth of Early Detection” appeared in the April 6, 2009, Newsweek, and “What’s Wrong with Cancer Tests” by Shannon Brownlee (and Heather Harris) appeared in the April 2009 Reader’s Digest.

Considerably more on the subject is furnished in A Physician’s Guide to Natural Health Products That Work (2nd ed.), by James A. Howenstine, MD, which was favorably reviewed in the April 2009 Townsend Letter. Thus, in a chapter on malignancies, Dr. Howenstine first notes that inflammation can damage the prostate gland and contribute to the development of prostate cancer (p. 393ff.). It is mentioned, moreover, that a prostate biopsy can cause cancer cells to enter the bloodstream (with the implication of metastasis). It is further mentioned that early in the course of prostate cancer, the patient will have low levels of testosterone and low PSA values. Increasing the testosterone levels will increase the PSA values, but this does not mean that the cancer is growing. A restoration of normal levels of progesterone, testosterone, and estradiol is recommended, as this heals prostate cancer by eliminating the hormone abnormalities.

The term androgen is used for a class of male sex hormones, with so-called androgen deprivation therapy or ADT used against prostate cancer — but not viewed as a sure-fire, long-term cure. The disadvantages and side effects are reviewed by Alan R. Gaby, MD, in the December 2008 Townsend Letter. These include an “increased risk of fractures, diabetes, coronary heart disease, and myocardial infarction, not to mention the adverse effects of chemical or surgical castration on quality of life.”

Dr. Howenstine continues, whereby elevated PSA values occur in patients merely having an enlargement of the prostate gland (benign prostatic hypertrophy, or BPH), as well as in prostatitis and prostate cancer: “A surprisingly high percentage of patients have cancer with very low values of PSA (below 4), supporting the idea that low values of PSA are indicative of poor cellular energy secondary to low testosterone levels.”

(Speaking of the inflammation or infection of the urinary system, a routine test used is the quick-and-easy “paper” test, but which is not infallible, indicating also that a culture test be made — which if positive leads to an antibiotic. Thus the patient can insist that a culture test be performed — but which may require a change in doctors. Additionally, the routine blood test used to detect PSA-levels may also indicate a high white blood cell count — also indicative of infection. It was mentioned in Nick Lane’s book Oxygen that inflammation and oxidative stress can lead to cancer [p. 312].)

In the same chapter, Dr. Howenstine cites a number of therapies used against cancer. These include vitamin C (or ascorbic acid), cesium, urea, lycopene, Laetrile, noni, the Burzynski therapy, Coley’s toxins, and others — for which the reference may be consulted. Of special note is the treatment named LifeOne Cancer Therapy, with the multiple ingredients specified. (A comment can be made that these are at least anticancer agents, but a complete cure does not necessarily follow.) Dr. Howenstine also offers anticancer diet regimens. Interestingly, he furnishes the following comment about chemotherapy (p. 421): In a survey of oncologists at a medical meeting, they were asked, “In the event you were found to have cancer, would you take chemotherapy?” Most responded no.

As to Coley’s toxins, first developed in the 1890s by prominent physician William Coley, MD, using heat-killed bacterial preparations; his daughter Helen Coley Nauts subsequently founded the Cancer Research Institute; and the successes are described in an article in the June 2004 Townsend Letter. (A notation is that it also acts against such vascular diseases as thromboangiitis.

PSA Tests, Prostate Cancer, and Vitamin C

A critique of the PSA (prostate-specific antigen) screening test has made the news, circa August 2008, whereby the 16-member U.S. Preventive Services Task Force concluded that the test causes unnecessary anxiety, surgery, and complications for elderly men — with the benefits unclear for younger men. These guidelines were praised by both the National Cancer Institute and the
obliterans, or Buerger’s disease, and perhaps against arteriosclerosis – a potential option against angioplasty or heart bypass surgery.) An update is furnished by Jessica Marshall in the 12 January issue of NewScientist. Titled “Filthy Healthy,” the article notes that we can develop a resistance to diseases by ordinary exposures to bacteria and viruses, thereby building up an immunity, a process akin to the action of vaccines. Sources of Coley’s toxins include MBVax Bioscience in Ancaster, Ontario, Canada, and Coley Pharmaceuticals of Wellesley, Massachusetts. Studies have also been conducted by John and Cynthia Stanford at University College London. A side effect found is that of an antidepressant, as being studied by Christopher Lowry at the University of Colorado, Boulder. A complication to this innovative work is that medical guidelines require new treatments to be accompanied by the best available treatments, namely chemotherapy and/or radiation; but these latter treatments may keep the immune system from working.

Another, lengthier, more detailed and technical presentation is contained in the volume Life Extension Disease Prevention and Treatment (4th ed.; 2004). The chapter on prostate cancer is by Stephen B. Strum, MD, FACP. Of particular note here is that pressure on the prostate will elevate PSA levels – as follows from a prostate examination (p. 1290). Dr. Strum also describes a number of substances that act against prostate cancer, and recommends diet choices. A complication is that of complexed- or bound-PSA vs. free-PSA, whereby low values of the latter may indicate prostate cancer but high values indicate only BPH. Thus a lower percentage free-PSA is of much concern (p. 1291). And which makes one wonder, which kind of PSA is reported from a routine PSA test? (In further comment, it may be noted that beta-sitosterol has evidently far surpassed saw palmetto extract as a treatment for BPH, judging by the many entries on the Internet. Albeit the side effects include the possibility of libido loss, in turn with other side effects, e.g., seminal fluid back-pressures. Catch-22. And if Flomax doesn’t work, there is always a catheter. However, its prolonged use can lead to atrophy of urinary muscles – hence a clamp can be recommended, as suggested by the Ultimate Health & Wellness center, Fort Collins, Colorado.)

As a point of reference, first consider surgeon Ewan Cameron and Nobel laureate Linus Pauling’s book Cancer and Vitamin C, namely the chapter “Spontaneous Regression of Cancer” (pp. 93–95). With men, autopsies show a steady increase in cancer of the prostate with age, whereby at 75 years half are found to have prostate cancer, yet only about 2% die from this cause. Concerning the Pap smear (Papanicolaou test), about 15% of women have positive smears at some point in their lives, yet only about 0.37% will die from cervical cancer. The body’s immune system is viewed as preeminent. (Another strong advocate of vitamin C was former Townsend Letter contributor A. Hoffer, as per his Vitamin C and Cancer.)

Whereas radiotherapy and cytotoxic chemotherapy are often proposed for the treatment of prostate cancer, as are selective surgery (even orchidectomy) and female hormone therapy (e.g., diethylstilbestrol, or DES), consider instead vitamin C as an inexpensive, home treatment, with no side effects. Thus we refer again to Cameron and Pauling’s book. In the first case described, the patient received the standard dose level of 10 g of vitamin C per day, and recovered; in the second case, the patient received 6 g per day, and recovered (pp. 157–158, 171–172).

The method of administration and the dosage levels for vitamin C are arguable. Whereas Pauling, say, might advocate circa 15 to 25 grams per day (say, 15 to 25 capsules of 1000 milligrams each) taken orally, there are others who prefer intravenous injections, which might be 100 grams or more per day, at one sitting. Reagan Houston, a prostate cancer survivor himself, reports in the

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August/September 2008 Townsend Letter about people taking 30 grams per day for years, with some doctors giving 200 grams per day. Reagan notes some exceptions, particular in the case of patients debilitated by chemotherapy. (A commonly cited consequence of overdoses is diarrhea – with the inference that its absence nevertheless indicates the vitamin C is working. The excess ends up in the urine after passing through the body, which brings up the point that a lower dosage – as in capsules – over a longer period of time may be as effective as a high dosage – intravenously – over

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a shorter period of time.) [See also Mr. Houston’s article on page 60 – Ed.]

Vitamin C has been used against a wide range of diseases, and we mention Thomas E. Levy, MD, JD, whose Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins (2002) cites cases of extra-high dosages, even up to 300 grams/day IV. The quote is provided whereby “in most cases the results have been spectacular, the only side effect is good health.” Dr. Levy dedicates his book to Frederick R. Klenner, MD, who was a pioneer in using high-dosage vitamin C against many diseases, appropriately citing the work of Dr. Klenner and others (and of course Albert Szent-Györgyi, MD, PhD, the discoverer of vitamin C, as well as Pauling and Hoffert). Other citations include that of a certain Dr. R. Cathcart, who employed from 4 grams to 200 grams per day, orally – even against AIDS (Levy 2002; 368). There seem to be no problems regarding kidney stone formation, but there can be a so-called rebound effect, whereby a temporary discontinuation can disproportionately lower vitamin C levels in the body. A recent proponent of vitamin C (and other vitamins) is Stephen Holt, MD, who speaks to Natural Therapeutics in the Feb/Mar 2009 Townsend Letter. We defer to the references.

Dr. Levy has sections describing the action of vitamin C against other diseases, including diphtheria, pertussis, tetanus, TB, strep, leprosy, typhoid, malaria, brucellosis, and trichinosis, and against such toxins as ethanol, barbiturates, carbon monoxide, endotoxin, methemoglobinemia, mushrooms, pesticides, radiation, strychnine, and venoms. Add to the list, most interestingly, notably with respect to vitamin C, Dr. Levy’s Stop America’s #1 Killer! Reversible Vitamin Deficiency Found to be the Origin of All Coronary Heart Disease (2006), and Owen Fonorrow and Sally Snyder Jewett’s Practicing Medicine Without a License? The Story of the Linus Pauling Therapy for Heart Disease (2008).

An intriguing but unexpected outlook is furnished in Healthy Aging: A Lifelong Guide to Your Well-Being, by Andrew Weil, MD (2007). It is mentioned that as a person ages, cancer cells become more senescent; that is, less likely to divide and grow (p. 5). Dr. Weil also tends to agree with the aforementioned conclusions reached by the US Preventive Task Force about the PSA screening test (p. 164).

Along the same lines, it is reported in the Nov. 24, 2008, issue of Archives of Internal Medicine that cancer may sometimes go away on its own. Admittedly controversial, the subject we are speaking of in this case is spontaneous remissions, and a file of such occurrences is kept by the Institute of Noetic Sciences (Petaluma, California). Incidentally, an article on health care in the February 2009 issue of Harper’s Magazine also critiques the PSA tests. Noted as well in the article is that PSA tests and the follow-up therapies amount to big business – likely a few hundred million per year (which can be assumed to help pay the overhead).

Thus, lastly, it may be said that conventional therapies range from the expensive to the prohibitive, leaving the uninsured and down-and-out with no recourse except to try to treat themselves – if they can find someone to guide them along. Whereby this writer continues to advocate the creation of local and convenient cancer clinical research centers (CCRCs) or their equivalent, where the patient can at least receive an alternative point of view via qualified and concerned MDs and DOs – even access to alternative therapies in lieu of the usual surgery, radiation, and chemotherapy (sometimes called “cut, burn, and poison”). This advocacy is repeatedly mentioned in both editions of my book Cancer and the Search for Selective Biochemical Inhibitors. Will this ever happen? Don’t count on it!

E. J. Hoffman
P.O. Box 1352
Laramie, Wyoming 82073
307-742-3458


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